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| **APPLICANT INFORMATION** |
| 1. | Applicant Name: |  |
|  | Mailing Address: |  | County: |  |
|  | City: |  | State:  |  | Zip Code: |  |
|  |  |  |  |  |  |  |
|  | Property Address: |  | County: |  |
|  | City: |  | State: |  | Zip Code: |  |
| 2. | Effective Date (required): |  |  |
| 3. | Policy Term Desired: | ❑ 3 Months | ❑ 6 Months | ❑ 9 Months | ❑ 12 Months |

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| **CONSTRUCTION INFORMATION** |
| 4. | Interest of Applicant | ❑ Owner ❑ Contractor ❑ Other  |  |
| 5. | Phone Number of Inspection Contact: |  | E-mail:  |  |
| 6. | Is this a single building? | ❑ Yes ❑ No  |
| 7. | Description of Project |  |
|  |  |
|  | Number of stories |  |
| 8. | Is this Ground Up Construction? | ❑ Yes ❑ No  |
|  |  (If no, Complete our Vacant Building Application) |
| 9. | Has any construction work started yet? | ❑ Yes ❑ No  |
|  |  If Yes, please explain extent of work completed |  |
|  |  |
| 10.  | Construction |  |
|  | ❑ Frame or Brick Veneer | ❑ Masonry Noncombustible  | ❑ Noncombustible |
|  | ❑ Joisted Masonry | ❑ Semi Fire Resistive | ❑ Fire Resistive |
| 11. | Construction Type | ❑ 1 – 12 Family Dwelling | ❑ Commercial Structure |
| 12. | Protection Class  |  |  |
| 13. | Final Construction Cost (Limit Desired) | $ |  | Square Footage |  |
|  | Deductible: | $ |  | (each and every claim) |  |
| 14. | General Liability Limits: | Occurrence: |  | Personal/Advertising: |  |
|  | General Aggregate:  |  | Fire Legal: |  |
|  | Products/ Completed Operations: |  | Medical Payments: |  |
|  |  |  |  |  |
| **CONTRACTOR INFORMATION** |
| 15. | Contractor Name: |  |
|  | Address: |  |
|  | City: |  | State:  |  | Zip Code: |  |
|  | Contact Person: |  | Phone Number |  |
| 16. | How long has the contractor been in the construction business? |  |
| 17. | Has any interested parties ever filed for bankruptcy? | ❑ Yes ❑ No  |
|  |  If Yes, who and when? |  |
| 18. | Formal Safety Program? | ❑ Yes ❑ No  |
| 19. | Does any demolition work need to be done prior to construction? If Yes: By Hand: Yes / No Ball & Chain: Yes / No Explosives: Yes / No  | ❑ Yes ❑ No  |
| 20. | Does the project include any tandem crane lifts/high values being lifted by a single crane? |  ❑ Yes ❑ No  |
| 21. | Are cranes rented? |  ❑ Yes ❑ No  |
|  |  If Yes, with an operator? |  ❑ Yes ❑ No  |
| 22. | What is the highest value lifted by a crane? |  |
| 23. | Are there any underground or waterborne exposures? | ❑ Yes ❑ No  |
| 24. | Does the scope of the project include work on a bridge, dam, tunnel, bubble building, greenhouse, waste water facility, airport hanger, barn, silo, chemical/ petroleum/ energy/ co-generation facility, tanks, radio, TV, or communication tower, or warehouse, or distribution center over 100,000 square feet? |  |
|  | ❑ Yes ❑ No  |
| 25.  | Is this structure located within 100 feet of a tidal wall or located on a barrier island? | ❑ Yes ❑ No  |
| 26. | Will the project site be protected by a fence? | ❑ Yes ❑ No  |
|  |  (If Yes, this will be a policy warranty) |  |
| 27. | Will the watchman be on premises during non-working hours? | ❑ Yes ❑ No  |
|  |  (If Yes, this will be a policy warranty) |  |
| 28. | Will theft coverage be necessary? | ❑ Yes ❑ No  |
|  |  If Yes, what limit? | $ |  |
| 29. | Is Soft Cost Coverage Desired? | ❑ Yes ❑ No  |
|  |  If Yes, what limit? | $ |  |
| 30. | Mortgagee or Loss Payee (Name and Address): |  |
|  |  |
|   |
| This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued. |
|  |  |  |  |
| **APPLICABLE IN THE STATE OF NEW YORK:** |
| Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. |
|  |  |  |  |
| **FRAUD WARNING:** |
| Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and subjects such person to criminal and civil penalties. |
|  |  |  |  |
| I/We agree to submit records for audit by the Company upon termination or expiration of this policy for the determination of actual gross receipts during the coverage period. |
|  |
| Applicant’s Signature: |  | Title: |  | Date: |  |
|  | *(Owner, Principal, or Partner)* |  |  |  |  |
| Broker’s Signature |  | Date: |  |
| Address: |  |
| City: |  | State: |  | Zip: |  |